Virginia Department of Health Radiological Health

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TUBE REGISTRATION # _____ **COMPUTED TOMOGRAPHY UNITS** MACHINE: MAKE ______ MODEL _____ REGISTRANT NAME SURVEYOR NAME SURVEYOR SIGNATURE _____ SERIAL ____ SURVEY DATE _____ ROOM # _____ INSTRUCTIONS TO THE REGISTRANT: THE ITEMS BELOW ARE VIOLATIONS OF THE VIRGINIA RADIATION PROTECTION REGULATIONS. YOU ARE TO CORRECT THESE VIOLATIONS AND NOTIFY THE BUREAU OF RADIOLOGICAL HEALTH WHEN THE CORRECTIONS HAVE BEEN COMPLETED. ITEM# DESCRIPTION OF VIOLATION AND COMMENTS REGULATION